COMBINED DECLAR APPLICATION WITH	ATTORNEY'S DOCKET PG4938 First Named Inventor: Claire ASHMAN								
( ) Declaration submitted with initial f	Complete if I App No.:								
( ) Declaration submitted after initial	Filing Date								
	Group Art Unit:								
As below named	inventor. I hereb	y declare that:							
My residence, post office address and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
VACCINE									
the specification of which (check only one item below):									
[ ]is attached hereto.  OR  [x] was filed on as United States application Serial No or PCT International									
Application Number PCT/GB03/03703 filed 28 August 2003 and was amended on (MM/DD/YYYY)(if applicable)									
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to	disclose informa	tion which is material to	patentability as defined in 37 C	FR §1.56.					
I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:  PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:									
Prior Foreign Application	Country		Foreign Filing Date		LIORITY				
Number (s)	71		(MM/DD/YYYY))		LAIMED .				
1. 0220212.5 2. 0304672.9	United Kingdom United Kingdom		30 August 2002 28 February 2003		X				
3.	omee amgum		27 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7						
4.									
5.  I hereby claim the benefit under T	itle 25 Timited St	ates Code \$110(a) of an	v I Inited States provisional anni-	ication(a) listad	helow				
I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:  Application No. Filing Date (MM/DD/YYYY)									
1.		, mig Date	· (						
2.									



## COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

709 Swedeland Road

ATTORNEY'S DOCKET NUMBER

PG4938

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States

	is material to patent	application in the manner provided by the fir ability as defined in 37 C.F.R. §1.56 which b ing date of this application:	rst paragraph of 35 Lecame available betw	J.S.C. §112, I acknoveen the filing date o	wledge the duty to discl of the prior application(s	ose information which ) and the national or			
PRIOR	U.S. PARENT A	APPLICATION or PCT PARENT	APPLICATION	1					
					STATUS (Check	one)			
U.S. Parent Application or PCT Parent Number			Parent Filing Date (MM/DD/YYYY)		PENDING	ABANDONED			
					<u></u>				
POWER	OF ATTORNEY	: As a named inventor, I hereby appoint	t the practitioners a	ssociated with the	Customer Numbers	provided below to			
		d to transact all business in the Patent and Customer Number 20462	nd Trademark Offic	ce connected there	ewith				
			Number 20462		Direct Telephone Ca	lls to:			
Address all correspondence and telephone calls to Customer Number 20462					2 Hotel Polophone Carlo to.				
		William Majarian 610 270 5968							
		tatements made herein of my own kn							
are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize									
			18 U.S.C. 1001, a	and that such wil	lful false statement	s may jeopardize			
the valid	nity of the applica	tion or any patent issuing thereon.							
	FULL NAME	FAMILY NAME		FIRST GIVEN NAME		ZINITIAL			
2	OF INVENTOR ASHMAN		Claire	Claire					
INVENTOR'S SIGNATURE		Signature (1)	Signature			15th October 2003			
0	RESIDENCE &	сту		STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP			
	CITIZENSHIP	Stevenage, Hertfordshire	GB		GB				
		POST OFFICE ADDRESS GlaxoSmithKline		CITY King of Prussia		STATE & ZIP CODE/COUNTRY Pennsylvania 19406, US			
1	ADDRESS	709 Swedeland Road	I saing or 11 us	ISING OF FEMALES		1 chiisylvania 17400, US			
	FULL NAME	FAMILY NAME FIRST GIVEN 1				E/INITIAL			
2	OF INVENTOR	ELLIS	Jonathan	Jonathan		Henry			
	INVENTOR'S	Signaturo		Date: 70 /10	07				
0	SIGNATURE RESIDENCE &	CITY	STATE OR FOREI	GN COUNTRY	COUNTRY OF CITIZENSHIP				
	CITIZENSHIP	Stevenage, Hertfordshire	GB		GB				
	POST OFFICE	POST OFFICE ADDRESS	CITY Vinc of Day		STATE & ZIP CODE/CO				
2	2 ADDRESS GlaxoSmithKline 709 Swedeland Road		King of Prus	King of Prussia		Pennsylvania 19406, US			
<b>-</b>	FULL NAME	FAMILY NAME	FIRST GIVEN NA	ME	SECOND GIVEN NAM	E/INITIAL			
2	OF INVENTOR			<u> </u>					
INVENTOR'S		Signature			Date				
,	SIGNATURE DESIDENCE &	CITY	GN COUNTRY	COUNTRY OF CITIZES	NSHIP				
0	RESIDENCE & CITIZENSHIP		J.A.E.OR.FORE	o. comini	COMMINI OF CHILE	· · ·			
1	POST OFFICE POST OFFICE ADDRESS		CITY		STATE & ZIP CODE/COUNTRY				
3	ADDRESS	GlaxoSmithKline	King of Prus	King of Prussia		Pennsylvania 19406, US			
		709 Swedeland Road		ur.	COCOND COMMISSION				
2	FULL NAME OF INVENTOR	FAMILY NAME	LY NAME FIRST GIVEN NAM		SECOND GIVEN NAME/INITIAL				
'	INVENTOR'S	Signature	gnature			Date:			
1	SIGNATURE								
0	RESIDENCE &	CITY	STATE OR FOREI	GN COUNTRY	COUNTRY OF CITIZE	NSHIP			
	POST OFFICE	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/C	OUNTRY			
4	ADDRESS	GlaxoSmithKline	King of Pru	ssia	Pennsylvania 1				